

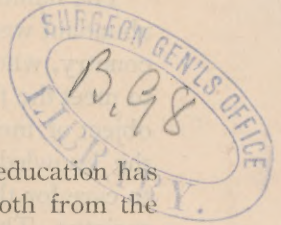
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## REPORT OF SPECIAL COMMITTEE ON MEDICAL EDUCATION.

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E. INGALS, M. D., CHAIRMAN, CHICAGO.



For a number of years the subject of medical education has received an uncommon measure of thought, both from the profession and people of Illinois. Our State has an industrious, energetic, and steadily increasing population, and to those who dwell within her borders, her unequaled natural resources of fertile soil, of mineral treasures and flowing streams, annually bring a vast increase of wealth. The leisure accompanying this train of blessings, invites us to reflect on all subjects that pertain to our good, and under these favoring circumstances it is but natural that we should ask ourselves: are we doing all we are able to prevent the approach of sickness, to mitigate its pangs when present, or to restore its victims to the paths of health? As your committee have reflected on the subject, the area of legitimate thought to which it leads has continually expanded before us, its importance has grown on our convictions, and the difficulty of treating it satisfactorily has become more and more apparent. As the subject is governed by no established laws and is amenable to no infallible modes of investigation, it is obviously difficult to determine with confidence what is best, and this makes it the more necessary that the matter should receive careful consideration. This difficulty, coupled with an almost universal reluctance to change established customs, should warn us not to be too impatient, even with admitted evils. We should propose rad-

ical changes only after mature thought on the subject. We should compare the merits of different systems, and judge them without prejudice. The practices of every social organization should conform to the conditions by which it is surrounded, and as society changes its customs should also change.

The habits of a country long settled, where people have abundant wealth and leisure, should differ from those of a new country, whose people are poor, and have every energy taxed to meet the first essential requirements of living. The proper object of medical education is to instruct a class of persons in the knowledge and arts necessary to make them competent to care for the sick, and to supervise the sanitary interests of society. The agents through which this is sought to be accomplished are :

FIRST—Institutions for literary instruction, the same as those in which our youth are prepared for the various business pursuits of life, as well as for places in the professions of theology, law, and medicine. Though instruction of this nature does not relate directly to education in medicine, yet it is the basis on which all purely professional attainments must be built, and it therefore seems proper, that it should be embraced in any general review of this subject.

SECOND—Private instruction from ordinary practitioners, being what is usually understood as reading with a preceptor.

THIRD—Such instruction as is imparted through medical colleges, hospitals, and dispensaries. There is at this time an emphatic demand from nearly the entire body of the private members of the profession, as well as from the entire non-professional public, that the grade of medical education should be raised ; and this feeling has found its way into the schools to such an extent as to have prompted some of them to adopt this as a settled policy of their management, notably the medical departments of Harvard University, and the University of Pennsylvania ; while others are seriously considering the policy of adopting such a change. That some



change should be demanded in our system of medical education, in no way impeaches the wisdom of the acts of those who have gone before us.

The first session of lectures in Rush Medical College, commenced in 1843, when the number of inhabitants in the entire State of Illinois scarcely equaled the present population of its principal city. Then we were nearly destitute of money, the humble cabin of the pioneer furnished the only shelter for a scattered population; we had neither roads, farms, domestic animals, implements of husbandry, or manufacturing industries, and the people suffered greatly from diseases incidental to the settlement of the prairies, and from a lack of medical practitioners. No one can give too great praise to the early settlers of Illinois. Their acts were directed by a preëminent degree of good sense. Those who provided for the necessities of a coming population did not build palaces, but cabins; and Brainard, Blaney and Herrick, in seeking to supply the need of medical instruction for the new land, contented themselves with what was fundamental and essential, which they knew was all that was then possible. But this is changed; we now have opulent cities to which iron lines of communication converge from every hamlet; we have superabundant wealth; machinery has so far removed the burdens from men's shoulders, that a common leisure has led large numbers of restless people to weary the public ear with an importunate clamor for something to do. We do not suffer from any lack of persons possessing suitable mental organizations to properly fill the ranks of the profession; and they have abundant leisure to fit themselves for their responsible work. In the United States, the support and management of institutions for medical instruction has been left almost entirely to private enterprise. The most conspicuous exception to this practice is presented in the enlightened action of the State of Michigan, in the establishment and maintenance of the medical department of its University at Ann Arbor. The plan on which this school is conducted is

correct, to the extent that those who instruct the students have no pecuniary interest in the size of the class, or the number of graduates; as the faculty are paid a stipulated salary from the public treasury.

This University has a remarkable and instructive history, and it may well be held a subject of just pride by every citizen of the State that has so wisely established and generously maintained it. Your committee are happy to call attention to the approval the public has expressed by donations within the year, amounting to one hundred and twenty-five thousand dollars, for the endowment of some of the chairs in the medical department of the University of Pennsylvania; the donors being prompted to this generosity, as we understand, by the action of this institution in prolonging its course of medical instruction, and increasing its requirements for matriculation and graduation. This spontaneous movement on the part of the public has great significance, for it expresses in some measure the interest felt on this subject, and proclaims the willingness individuals feel to relieve schools from the fear of pecuniary embarrassment, when they exhibit courage enough to take such action for the public good. What is the present condition of the profession in the United States? It is replete to overflowing. No other nation has so large a percentage of physicians to the entire population. A comparison of the educational statistics of different countries shows that the number of annual graduates in medicine, and their ratio to the entire population, are nearly as indicated in the following table:

	NUMBER OF ANNUAL GRADUATES.	RATIO TO POPULATION.
United States.....	3,000.....	I to 600
Great Britain.....	1,750.....	I to 1,700
France.....	750.....	I to 1,800
German Empire.....	600.....	I to 3,000
Austrian Empire.....	600.....	I to 2,500
Italy.....	200.....	I to 2,500

This excess of numbers in the profession occasions so small a subdivision of the field of practice, as to render the emolu-



ments that flow from it inadequate to the maintainance of the rank that should reward a cultivated profession for the faithful and skillful bestowal of its blessings on society. The pecuniary returns to the profession, too, are very much reduced, especially in cities, by the gross abuses which charity attendance, in dispensaries and hospitals, has attained; abuses to which public attention should be called, to the end that a check be put upon them. In Chicago, it is believed that one-fourth, or at least one-fifth, of all the sick receive advice and medicines gratuitously through free dispensaries.

These institutions are fitted up in inviting apartments; a large staff of skillful attendants is appointed; appropriations are made from the public treasury for their support; benevolent individuals are successfully importuned for donations to them; they are freely advertised, and all are invited to apply to them for medicines and advice, and all who come are treated. If only the poor received the service this would be worthy of all praise, but the majority of those who throng to these institutions for gratuitous treatment are able to pay at least small fees; and many are in comfortable circumstances, and not at all objects of charity; while a large part of the really poor are still left to the benevolent care of physicians disconnected with dispensaries, and it is well known that a physician rarely declines to attend a case because the patient is unable to pay him his fee. This undeserved gratuitous work is a great injury and injustice to the profession, while it tends to destroy all worth of character in those who are the recipients of this misapplied charity. To receive something for nothing, is always injurious to those who are able to return some equivalent for wants supplied. This subject relates to medical education to the extent that it may enlighten us as to the limitation of our numbers, so that those who qualify themselves for practice, and engage in it, may reasonably hope to get their bread by their labor. This inadequate remuneration obliges some physicians to bring reproach on their profession by a failure to perform their common duties to their

neighbors in the faithful discharge of just pecuniary obligations, it invites to unprofessional acts; and the pressing necessities of practitioners sometimes successfully plead their justification when they offend against professional ethics, as a starving man is not judged with rigor if he purloins food. Members of the profession sometimes lay the blame for their poverty on the public, but this is unjust, for the poverty results from the multitude of doctors rather than the indifference of society. The people who inhabit the banks of the Ganges are said to rid themselves of overcrowded numbers by drowning them in its waters. Society disposes of many of the multitudinous progeny annually cast upon it from the fruitful matrices of our numerous medical schools, after short gestations and easy deliveries, by the more slow and painful process of starvation. The rewards which society offers the profession, and the services the profession repays to society, will certainly bear some ratio to each other, and if the rewards are small, the services will be less than they might, and should be. Society cannot, therefore, afford to have its physicians so poorly paid, and yet, if their members remain, relatively, as large as they now are, it can hardly pay them more per capita than it does. Few we think will question the conclusions thus far reached by your committee. But if the profession suffers from some defects, the most important question is, how shall we remedy them? Only the acknowledged possession of high and varied acquirements by the profession will assure it a degree of public confidence that will place the management of the sick unquestioningly in its hands, and give it control of all sanitary interests, and bring to it the pecuniary returns, as well as the rank and influence in society to which it is entitled; and it is certainly true that the profession will be judged by the average attainments and character of its individual members. Therefore, the well informed suffer some abatement of public esteem from others' deficiencies.

Your committee think the number in the profession should be less, their attainments greater, their rewards more, and



that these desirable purposes might all be easily attained. If a more complete education be exacted, precedent to graduation in medicine, the numbers who receive the degree will certainly be less ; and then increased rewards for their labors would surely follow. Access to the profession should be made more difficult, by demanding a good literary education, and a longer course of medical instruction from those who seek to enter it. This alone would speedily reduce the numbers of the profession. The machinery supposed to be necessary for the organization of a medical college, consists of a board of trustees and a faculty. The theory is that the board of trustees controls the school, appoints its faculty, and directs its course in such manner as is thought best calculated to subserve the public good. But it is safe to say that in many cases the influence in the school of the board of trustees is only nominal. More often it is the faculty who organize the school, determine who shall be appointed professors, provide a building and furnish the means of teaching, gather in as large a class as they are able, deliver to them a course of lectures, confer the degree on such as they elect, collect the fees, and divide among themselves the profits. Indeed, it is not without example that the faculty and board of trustees are essentially one and the same body. Motives that prompt those desirous of teaching to establish medical colleges, and to obtain places in their faculties, lie in a longing for prominence that is not uncommon, a yearning to prefix the title of professor to the name, a love of the *éclat* that comes from lecturing, and a belief that it will augment the professor's following of patients. As a result of all this we have more medical schools in the country than there is any urgent demand for. These things tend to degrade the medical college, that should be established for the broad purpose of the public good, to a simple private business corporation, operated largely in the interests of the small number of its corporators. Every medical college should be under the control, and receive its direction from a board of trustees who are not

members of its faculty, and whose pecuniary interests are not involved in the size of its classes or the number graduated. They should be men of enlightened minds, of broad views, having disinterested motives, and actuated only by considerations for the public good. The duties of the faculty should begin and end with the instruction they impart to the pupils. The number of professors should be large, so as to divide the curriculum into smaller segments, and thus enable each teacher more thoroughly to qualify himself to give instruction on the subjects committed him to teach. This would break the classes into smaller subdivisions, and thus bring each pupil more nearly in contact with his teacher, and offer the latter a better opportunity not only to impart instruction, but to stamp the impress of his character on the receptive minds of his pupils; which is often a matter of greater importance to the student than the simple facts imparted by the instructor. A teacher should appreciate the importance of his calling; he should have a conscientious regard for the obligations it imposes; he should be unselfish in his nature, and heartily in love with his work. An eminent gift for teaching seems one that Fortune is chary of bestowing. Those who possess it should be sought with sedulous industry, and when employed, they should be abundantly remunerated, so as to be relieved from pecuniary cares, and left to devote their best efforts to the labor of instructing their followers, instead of bringing to the work only such shreds and fragments of the mind as remain from faculties harassed and overworked in the rounds of an exhausting practice.

To this end it would be well if medical schools could be endowed, so that their teachers might have leisure and opportunity for research, and be able to develop, as well as impart knowledge. Let any one realize, if he can, what it is when suffering from disease, injury, or the experiences of the lying-in chamber, to be obliged to accept the ministrations of incompetent ignorance at the bedside, in the person of physician,



surgeon, or accoucher. The strife between schools should not be which shall publish the longest catalogue of students, or confer the greatest number of diplomas, but should rather be based on the qualifications of those they respectively commission to support the honor and advance the reputation of the Alma Mater. Indeed a large graduating class from any school is sufficient to excite suspicion as to the average qualification of its members. Those familiar with the machinery for graduating medical students, know that those who apply for the degree receive it; at least the percentage of those rejected is very small. At the close of its last session of lectures, Jefferson College, Philadelphia, conferred 196 degrees, while the medical department of the University, located in the same city, and offering equal, if not superior means of teaching, but requiring higher attainments for graduation, conferred but ninety-five. The medical department of Harvard, in 1878, conferred but forty-seven degrees, out of seventy-two applicants. The same would happen to all schools if the requirements were increased; and it is a consummation devoutly to be wished. Some may think this would be a hardship to the schools, as it would reduce the emoluments of the professors; but we are not to lose sight of the truth that medical colleges should be conducted in such a manner as best to promote the public good, instead of being circumscribed by the pecuniary interests of the faculty.

It seems easier now to obtain the degree of Doctor of Medicine than it was at the commencement of the present century, or indeed than it is to be recognized as a competent workman in some of the ordinary mechanic arts that require skilled labor, as, for example, to be a mason, plumber, or blacksmith.

In 1813, Dr. Hosack, when speaking of the College of Physicians and Surgeons in New York, said, "During the six sessions that have elapsed, nearly 400 gentlemen have received the benefit of the instruction afforded at this establishment, and of that number about forty have been admitted

to the honors of graduation." Now about one-third of the annual matriculates of the ordinary medical schools receive the degree at the close of each session.

Benjamin Rush received the degree of B. A. in 1760; he then studied medicine with Dr. John Redman six years, when after attending medical lectures two years in Edinburg, he received the degree of M. D., and after this he gave one additional year to the hospitals of London; or in brief, he gave nine years to the study of medicine, after he had received the degree of B. A., before he assumed the responsibility of practice.

The period of college instruction by the regular faculty should be prolonged to not less than three full annual sessions of nine months each. Colleges now confer the degree at the age of twenty-one years. It would be better to require that the candidate should be twenty-five, and thus remove from the student's mind all thought of such premature graduation. Certainly none are so gifted as to be able to fit themselves properly to practice the profession at so tender an age. The fundamental parts of a medical education should certainly be acquired before graduation, and the work necessary for this would be more thoroughly performed if the temptation to such juvenile graduation was removed. A preliminary examination should be required of all who present themselves for matriculation, and no one should be admitted as a member of a medical class who has not, at least, a thorough English education. As evidence that the applicant possesses sufficient attainments, certificates of some established grade of proficiency from literary schools of recognized character might be accepted, or boards of examiners could be constituted for the purpose, but the members comprising such boards should be entirely disconnected from all medical colleges. The final examination for the degree of Doctor of Medicine should also be made by a board of physicians, whose members are entirely disconnected from all medical schools, and who, being paid from the public treasury, would



have no pecuniary interest in the magnitude of the classes or the number of graduates ; and such boards might properly be appointed by the State Medical Societies, or by the American Medical Association.

In some of our larger medical schools the annual graduation fees aggregate from three to five thousand dollars, which is a considerable sum to divide among the small number of persons who award the degrees. If these examinations were properly guarded, it would help to assure to society, at least as large an amount of acquirements by their professional servants as is now exacted by the army and navy. As at present conferred the diploma is justly held in light esteem by the public, and is not accepted as evidence that its possessor has sufficient knowledge to render him a safe adviser for the sick. This he is obliged to demonstrate, after graduation, at the bed-side, before he is made the recipient of public confidence. Our government does not hesitate to endeavor to protect its citizens from pestilence, and seeks by actual interference to bar out yellow fever, cholera, and small-pox, and exercises the right to supervise the construction of our dwellings, with the purpose of rendering them more healthful. Is it not equally proper, that it should exhibit the same solicitude to protect its citizens from the dangers of incompetent attendance on the sick ; at least to the extent of requiring that those who enter the profession should have a proper degree of both general and special learning ? We would suggest that this Society formally request of the trustees of such medical schools as it recognizes in this State, the privilege of being present, through committees of its appointment, at the examination of candidates for graduation, and that when such examinations are in writing, the questions and answers be submitted to the inspection of these committees, and that they be required to report to this Society at its annual meeting.

A graded course of instruction seems best, and has been approved by those who have tested it, whether as teachers or students, in this country and in Europe. Its merits are

obvious. An advanced student does not require the same instruction as a beginner, and the beginner would not even be able to comprehend what should be taught in the later forms. What reason can there be for placing in one class, to receive the same instruction, the child in its alphabet and the senior, nearly ready to graduate. The students might be classified and receive instruction according to their different degrees of advancement, and then review the entire curriculum of studies before graduation.

Though medical colleges are the principal sources of instruction for students in medicine, yet the profession outside of the schools is a colaborer in the work, and should bear its share of responsibility, and merit praise according to the faithfulness with which it performs its duty. Young men who contemplate the commencement of the study of medicine usually consult some practitioner, in whom they have confidence, as to the advisability of such a course. If such persons have not the mental endowments or literary attainments to give them a promise of fair success in the practice, they should be advised to seek employment in some other vocation, and physicians should refuse to receive them into their offices. We ought also to advise students to hear lectures and take their degrees from such schools as give the most thorough instruction, and exact the highest grade of acquirements as a condition on which the degree is bestowed. This will be in the interest of the student, of the profession, and of society at large, for it will compel schools, in their own behalf, to respect the demands of the profession in the matter of conferring degrees. The profession has hardly performed its whole duty, in an outspoken demand to the schools that they be more thorough and painstaking in assuring better qualifications from those with whom they recruit the ranks of the profession by conferring on them the degree of Doctor of Medicine.

E. INGALS,  
DAVID PRINCE,  
R. G. BOGUE.



The following resolutions were offered by Dr. E. Ingals, Chairman of the Special Committee on Medical Education, and were appended to the report of said committee. The first two resolutions were adopted unanimously, and the last ~~two~~ with but few negative votes:

*Resolved*, That the Illinois State Medical Society requests of all regular medical colleges, that they institute preliminary examinations for students who apply for admission to their classes, and only admit such as have, at least, a thorough English education.

*Resolved*, That the annual sessions of lectures by the regular faculties should not be of shorter duration than six months.

*Resolved*, That all students should be required to study medicine five years and attend three full annual sessions of lectures before they are admitted to examination for the degree of Doctor of Medicine.









